

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT'S		
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		★	★	★
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
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47							97		
48							98		
49							99		
50							100		
TOTAL									